## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE Commissioner for Patients P.O. Box 1450 Alexandria, Virginia 22313-1450

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| 24737  | 7590 08/15  | have its own certificate of mailing or transmission.    |  |          |  |                     |                          |                  |                     |  |
| PHILIPS INTELLECTUAL PROPERTY & STANDARDS<br>P.O. BOX 3001<br>BRIARCLIFF MANOR, NY 10510   |   |   |  |          | I hereby certify that this Fee(5) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being fluesimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                     |                          |                  |                     |  |
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| APPLICATION NO.  | FILING DATE   |   | FIRST NAMED INVENTOR   |          |  | ATTORNEY DOCKET NO. |                          | CONFIRMATION NO. |                     |  |
| 09/975 380   | 09/975,380 10/10/2001                                 |   | Richard M. Miller-Smi  |          |  |                     | GB 000149                |                  | 1286                |  |
| TITLE OF INVENTION: DECODER SUPPORTING MULTIPLE INPUTS   |   |   |  |          |  |                     |                          |                  |                     |  |
|  |   |   |  |          |  |                     |                          |                  |                     |  |
| APPLN, TYPE  | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE I  | DUE      | PREV. PAID ISSU  | E FEE               | TOTAL FEE(S) DUE         |                  | DATE DUE            |  |
| nonprovisional   | NO  | \$1400  | \$300  | _        | \$0<br>I   |                     | \$1700                   | , 1              | 11/15/2006          |  |
| EXAMINER   |   | ART UNIT  | CLASS-SUBCLASS   |          |  |                     |                          |                  |                     |  |
| CHO, HONG SOL  |   | 2616  | 370-535000   |          |  |                     |                          |                  |                     |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37<br/>CFR 1.363).</li> </ol>  |   |   | 2. For printing on the patent front page, list  (1) the names of up to 3 registered extent attempts.   Michael E. Belk   |          |  |                     |                          |                  |                     |  |
| Change of corresponded Address form PTO/SE   | or agents OR, alternatively,                          |   |  |          |  |                     |                          |                  |                     |  |
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| 3. ASSIGNEE NAME AT  | ND RESIDENCE DATA                                     | A TO BE PRINTED ON                                      | THE PATENT (print  | or typ   | ie)  |                     |                          |                  |                     |  |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  |   |   |  |          |  |                     |                          |                  |                     |  |
| (A) NAME OF ASSIC  | (B) RESIDENCE: (CITY and STATE OR COUNTRY)            |   |  |          |  |                     |                          |                  |                     |  |
| KONINKLIJKE I  | EINDHOVEN, THE NETHERLANDS                            |   |  |          |  |                     |                          |                  |                     |  |
| Please check the appropriate assignee eategory or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🚨 Government  |   |   |  |          |  |                     |                          |                  |                     |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   |   |   |  |          |  |                     |                          |                  | ove)                |  |
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|  | s SMALL ENTITY state                                  |   |  |          |  |                     | TITY status. See 37 Cl   |                  |                     |  |
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| Authorized Signature   |   |   |  |          | ber 13, 2006   |                     |                          |                  |                     |  |
| Typed or printed name  |   | Registration No. 50, 418                                |  |          |  |                     |                          |                  |                     |  |
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